EXHIBIT D

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

In re Terrorist Attacks on September 11, 2001	03 MDL 1570 (GBD) (FM) ECF Case
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This document relates to:

Ashton et al. v. al Qaeda Islamic Army, et al., 02-cv-6977 (GBD)(FM)

DECLARATION OF JOHN JERMYN

I, JOHN JERMYN, hereby declare:

- 1. I am the son of the late John F. Jermyn, a firefighter who was present at the World Trade Center during the September 11, 2001 attacks, and who suffered severe injuries while working there that day. I was appointed as the estate administrator of my father's estate. I am a citizen of the United States, as was my father.
- 2. My father, John F. Jermyn, died on December 24, 2019. Prior to his death, I heard from him directly about his experiences on September 11, 2001 and saw firsthand the injuries he sustained that day. I have also reviewed documents and records submitted to the Victim's Compensation Fund on John F. Jermyn's behalf, which describe that same experience and the injuries he suffered.
- 3. I provide this statement to describe to the Court what John F. Jermyn endured on September 11, 2001 and thereafter. Attached as Exhibit A are true and accurate copies of certain of my father's medical records and FDNY records.
- 4. John F. Jermyn had been an FDNY Firefighter since 1983. He had been present at the World Trade Center during the 1993 bombing. Previously, my father had been stationed at Ladder 122, which was accompanied by Engine 220, in Brooklyn.

- 5. On September 11, 2001, John F. Jermyn was 44 years old and working as a New York City Firefighter on light duty due to a work-related injury he sustained in September 1997 to his lower back. He had been placed on the education unit at the New York City Fire Museum at 278 Spring Street in lower Manhattan. As he stepped out of the subway on his way to the museum, my father saw the first plane hit the North Tower. He called FDNY fire dispatch immediately, being the first call to emergency services regarding the attack that day. He shortly thereafter learned part of his former Company, Engine 220, was on its way down to the World Trade Center. Even though he was only cleared for light duty, my father made his way to Ground Zero to assist alongside his former Company.
- 6. As my father and Engine 220 were about to enter the South Tower from Liberty Street, the tower collapsed. Being so close to the building, my father was hit by debris all over his body, particularly near his head, neck, and shoulders, and was engulfed by the dust cloud. He sustained severe noise damage to his ears from the sound of the tower collapsing, and damage to his eyes from debris exposure. As he attempted to excavate himself from the debris, he fell multiple times, tripping over pipes, and at one point fell into a small pit that had opened up in the ground. This caused both of his knees and back to twist in unnatural ways and caused injury to his foot.
- 7. My father was able to eventually escape from the area and found the rest of Engine 220 at the Marina. He and they used a large hose that was 4 inches thick and over 100 pounds in weight to attempt to put out fires in buildings along the water. While carrying the hose, my father experienced extreme lower back pain that traveled down his left lower leg, eventually causing him to fall to the ground with pain.

- 8. Late in the day on September 11, 2001, John F. Jermyn reported to the University Hospital in his home borough of Staten Island and was quickly evaluated for neck and shoulder injuries from the day's experiences. As far as I know, he was not given any x-rays or MRI at that time, but was prescribed pain medication and told to return to the hospital if his symptoms worsened. My father simultaneously filed an FDNY Member Injury Report where he cited that he injured his neck, lower back, right shoulder, left leg, left foot, both knees, both eyes, and both ears.
- 9. On October 9, 2001, my father returned to the doctor's office with complaints of right shoulder, right knee, and lumbar pain that extended to the bottom of his left leg, and rated his overall pain an 8/10. He had severe loss in back and shoulder motion, as well as loss of feeling in his lower legs. I remember at the time my father having difficulty moving around regularly and having difficulty with balance.
- 10. A November 2001 MRI showed that he had a herniated disc and a cyst in his spine, the latter likely caused by the herniated disc. Following the September 11th attacks, my father had been working on improving his range of mobility and pain levels through physical therapy but was never able to fully gain back his range of motion and consistently lived with chronic pain from the injuries he suffered on September 11, 2001 until his death.
- 11. Following the September 11, 2001 attacks, my father was reviewed for disablement through FDNY. After reviewing a statement from an independent neurologist who treated my father, the New York Fire Department Pension Fund gave my father disabled status on November 27, 2002. The next month, FDNY awarded him accident disability retirement from his work in the line of duty on September 11th.

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12. In April 2004, my father's continued pain levels caused him to require another MRI

of his back. The MRI showed the same herniated disc and disc bulge in his back that had been

caused by his injuries on September 11, 2001. The MRI also showed degenerative disc

desiccation, a disease that causes the fluid within the spine to slowly decrease over time. This

disease is often caused by intense back and neck trauma. It caused my father chronic pain,

stiffness, and weakness in his back.

13. Even after retirement, my father was still limited in the activities he could enjoy.

He was unable to partake in any of the previous physical activities he loved to the same level

as he had before. Until the day that he died, my father struggled with chronic pain from the

injuries he sustained as a 9/11 first responder.

14. In addition to his physical injuries, my father was never psychologically the same

after the attacks. While I am not sure that he was ever officially diagnosed, seeing the change

in him from before and after the attacks leads me to believe he likely suffered from post-

traumatic stress disorder, depression, and anxiety for the rest of his life.

I declare under penalty of perjury that the foregoing is true and correct.

Place: San Clemente, CA

Signature:

Print:

EXHIBIT A

21 OCT 2001 09:54:08 Date Page 1 of 2

Bureau of Health Services EXAMINATION REPORT MD-206R(I/97)

Name: JERMYN, JOHN 45 Unitcode: LAD077 Age:

Civil St: FF Work Loc: **PUBLIC SAFTEY EDUCATION** SSN:

BP: 110 /68 Weight: Height: 72 inch 218 lbs MD's Report:

PAKTIENT KNOCKED DOWN AT WTC INJUURING THE NECK, PAIN RADIATIES DOWN THE RIGHT ARM AND NUMBNES THE LATERAL FOREARM. STRENGTH INTACT. ROM LIMITED OF THE =NECK.

M.O.'s Order: SEE PMD

Box: ● FD ○ ML ○ LD ○ CML ○ CLD **Previous Duty Status:** OFD ML OLD OCML OCLD **Current Duty Status: Current Effective Date:** 09/26/2001 OFD OML OLD OCML OCLD **Next Duty Status:** Next EffectiveDate: 10/21/2001 LD Restrict Code: Return Date to BHS: 11/04/2001 Estd return to FD: 1 Week 2-3 Weeks 1-2 Months 3-12 Months O Rec. LSS SC ONSC OUND BACK STRAIN OR SPRAIN Diagnosis: Code: 848 849 **CERVICAL STRAIN**

v09 OTHER NEUROLOGY/STRESS

Geri La Grua Physical Therapy Plus-Dolphin Fitness Center 7001 Amboy Road S.I., N.Y. 10307 (718) 948-0404 (718) 605-1888 Fax: (718) 605-2895

SPINE

Initial Evaluation and Plan of Care

HISTORY
Identifying Data
Name John Jermyn Age 44 Gender 1 Date 0/3/01
Provisional diagnosis Phillip lemburk Processions IF (L) lbun muful steel
Occupation refighter lingfafety officer
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Effects of Activities on Daily Living Pain scale 8/10 1/0
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a.m./as day progresses/p.m. stationary/on the move
other
BETTER
bending sitting/rising standing walking (lying)
thepends on day
other/
Page 2

Disturbed sleep YSS -	EarachesA.P
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Muscle Left Bigh	Key: 0 = no contraction
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SI F.H.I.	5 = nonnal
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C1-2 Cervicai (lexion WT)	
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C7 triceps 34 5 V 34	Lacks full superti (E) 2° to Int Freis
C8 thumb extensors 345 3-45	5
Reflexes / /	
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S1 ankle jerk	1+ = diminished
C5-6 biceps	2+ = normal
C7 triceps	3+ = increased

Case 1:03-md-01570-GBD-SN Document 8226-4 Filed 07/15/22 Page 10 of 31 TREATMENT PLAN: Patient teaching/performance of:

Proper body mechanics Flexibility stretches Postural exercises Strengthening exercises Aerobic conditioning

Dynamic stabilization exercises

Work/recreation simulation/conditioning

Therapist performance of:

Myotascial release/soft tissue mobilization

Massage

Joint Mobilization

Manual/mechanical traction

Modalities

SHCRT TERM GOALS WITH ACHIEVEMENT DATE:	3 Busika
Fatient verbalizes understanding of treatment plan. Fain diminished 50. AROM cervical/lumbar increased 50. Strength upper/lower extremity increased 4.5. Body mechanics improved. Posture improved. Myofascial consistency improved. HFP established. Improved sensation involved extremity. Improved joint mobility	-/5
Pain 0 - munuml AROM cervical/lumbar WFU. Shidh WFO Strength 5 TO upper/lower extremity 5 5.7 Patient demonstrates proper body mechanics. Posture normalized. Myofascial consistency normal. Patient independent in performing home exercise program Patient informed of activities/program for subsequent to dis Sensation Intact. Joint mobility WNL.	
PLANS AND GOALS ESTABLISHED WITH PARTICIPATION BY:	Habrua mist & laha Kingn
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DATE 10/3/0/ PHYSICAL THERAPISTS	SIGNATURE: My La Gram MSPT

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Boot, Shoe	124	Status	125	Problem	126	Special Equipment	8	Status	128	Problem	7
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Case 1:03-md-01570-GBD-SN UNIVERSITY	Document 8226-4	Filed-07/15/22	Page 12 of 31
HOSPITAL		JERNYN, JOH	IN THE
475 Seaview Avenue Staten Island, NY 10305-3498		10	I IR 48201

EMERGENCY SERVICES AFTERCARE INSTRUCTIONS TO THE PATIENT

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ROBERT B. SNOW, M.D., Ph.D., F.A.C.S.

523 EAST 72ND STREET NEW YORK, NEW YORK 10021

OFFICE: (212) 717-0256

FAX NUMBER: (212) 744-3529

November 12, 2001

OFFICE FOLLOW UP VISIT

RE: JOHN JERMYN

He was seen again today in the office. He injured his neck on 9/11/01 working at the World Trade Center. Now he's complaining of right shoulder pain and numbness in his right 4th and 5th fingers. MRI scan of the cervical spine revealed a right C5/6 herniated disc moderate in size. MRI of his cervical spine with gadolinium reveals a 9mm syrinx at C3/4 without evidence of tumor. He also complains of left leg pain and pain and numbness in his left leg. All these symptoms have been improving with physical therapy for both his neck as well as his lumbar spine.

Examination is remarkable for decreased range of motion of his neck and low back. He has 4+/5 left EHL weakness, 5-/5 left foot drop and decreased pin prick in the 4th and 5th fingers on the right.

My impression is continue physical therapy. I think he's going to get better with regard to his cervical spine and not require surgery. If the symptoms of his low back and left leg pain do not get better soon with physical therapy and do not continue to improve I would recommend a lumbar spine MRI scan.

Robert B. Snow, M.D., Ph.D., F.A.C.S.

Associate Professor of Surgery

(Neurosurgery)

RBS/vl

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Date

21 OCT 2001 09:54:08

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MD-206R(1/97)

Bureau of Health Services EXAMINATION REPORT

Name: JERMYN, JOHN

Age:

Unitcode:

LAD077

SSN:

Civil St: FF

Work Loc:

PUBLIC SAFTEY EDUCATION

MD's Report:

BP: Weight: 218 lbs Height: 72 inch

PAKTIENT KNOCKED DOWN AT WTC INJUURING THE NECK. PAIN RADIATIES DOWN THE RIGHT ARM AND NUMBNES. THE LATERAL FOREARM. STRENGTH INTACT. ROM LIMITED OF THE =NECK.

M.O.'s Order: SEE PMD

Box:

3-12 Months

Previous Duty Status: **Current Duty Status:**

● FD ○ ML ○ LD ○ CML ○ CLD

1 Week

1-2 Months

Current Effective Date:

09/26/2001

Next Duty Status:

OFD ML OLD OCML OCLD OFD OML OLD OCML OCLD

Next EffectiveDate:

10/21/2001

11/04/2001

LD Restrict Code:

Return Date to BHS:

Rec. LSS

Estd return to FD:

Diagnosis:

● SC ○ NSC ○ UND

Code:

848

2-3 Weeks

BACK STRAIN OR SPRAIN

849

CERVICAL STRAIN

v09

OTHER NEUROLOGY/STRESS

Case 1:03-md-01570-GBD-SN Document 8226-4 Filed 07/15/22 Page 15 of 31

Geri La Grua Physical Therapy Plus

Dolphin Fitness Center 7001 Amboy Road Staten Island, New York 10307

> Tel: (718) 948-0404 (718) 605-1888

> Fax: (718) 605-2895

October 9, 2001

Dear Doctor:

Enclosed please find the initial evaluation of Mr. John Jermyn. Mr. Jermyn is a 44-year-old male who presents with right shoulder, right knee, and lumbar pain with referral into the left lower extremity. He rates his pain as 8/10 in noted areas, which increases with activity and is progressively worsening.

He tests positive in the following special tests; empty can, Neer impingement, apprehension (right shoulder), SLR, FABERE, prone knee flexion, standing flexion (bilateral). Although he did not isolate cervical pain, he displayed loss of active range of motion in all planes of cervical motion by 25-50%. Motion was limited by pain with soft end feel. Shoulder and lumbar range of motion are also limited as noted in the evaluation. At this time special tests on the knee were performed but were inconclusive secondary to patient pain level. Tests will be repeated at next visit. Patient also complained of numbness and tingling in right hand, primarily 4th and 5th digits.

Besides notable weakness in the right bicep and bilateral lower extremities, the patient exhibited marked decrease in sensation to sharp, dull pressure in the L-4 L-5 dermatomes bilaterally. Patient was unable to differentiate between hot and cold when applied to the same dermatomes bilaterally.

Patient ambulates with mildly antalgic gait, posture rated as fair- in sitting and standing, and displays poor balance in standing when perturbed. Patient was unable to maintain single leg stance for 5 seconds and displayed marked loss of balance in forward trunk flexion. He demonstrates vestibular deficiencies and tested positive in the Hallpike maneuver, left greater than right.

A plan of care and goals were discussed with Mr. Jermyn, who by his attitude and compliance to the physical therapy plan demonstrates good rehabilitation potential. Please contact me with any questions you may have regarding his treatment plan.

Yours truly,

Geri La Grua M.S.P.T.

Case 1:03-md-01570-GBD-SN Document 8226.4 Filed 07/15/22 Page 16 of 31

Magnetic Resonance Imaging
Magnetic Resonance Angiography

October 1, 2001



Dr. Fierstein New York City Fire Department Bureau of Health Services 9 Metro Tech Center Brooklyn, New York 11201

> RE: JOHN JERMYN DOB: 1556 SS#:

MRI OF THE CERVICAL SPINE

History: Injury.

The following sequences were obtained: Sagittal T1, sagittal T2, axial MPGR from C2 down to T1.

No cervical vertebral body compression fractures. Loss of disc height with disc desiccation C5/C6. Moderate size right posterclateral disc herniation seen at C5/C6. 8-9 millimeter size focal signal abnormality intramedullary cervical spinal cord opposite C3/C4 disc. In the center of the cord hyperintense T1, hyperintense T2. Differential diagnosis for this would include syrinx, demyelinating plaque, contusion, reactive cyst primary tumor. No other significant findings.

IMPRESSION:

Moderate size right posterolateral disc herniation seen at C5/C6.

Abnormal focus cervical spinal cord (intramedullary) opposite C3/C4. Differential diagnosis listed above. Recommend the patient return for a Gadolinium enhanced study to see if this lesion enhances. Also recommend that an MRI of the brain be obtained.

Thank you for referring your patient.

Very truly yours

Allen Goodman, M.D.

2626 E. 14th Street, Room 101 Brooklyn, NY 11235

Tel: (718) 332-7777 Fax: (718) 332-8291 9201 4th Avenue, Room 101 Brooklyn, NY 11209 Tel: (718) 748-4100

Fax: (718) 748-1288

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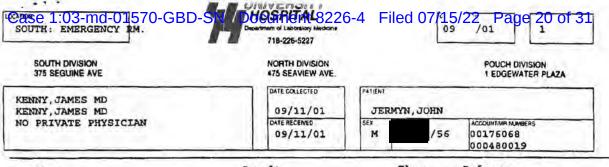
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PROCEDURES: C. C. C. CRITICAL CARE PROVIDED C. LEVEL 5 ACUITY CAVEAT - DIAGNOSIS PRIMARY N SECONDARY	G Attending Attending Attending Attending	Resident w/Attend. Superv. Resident w/Attend. Superv. Resident w/Attend. Superv. MANAGEMENT FOR TOTAL OF	PA w/Attend. Superv	ALTENDING RESIDENT	ATTENDING IN VAPPROVAL TIME TIME
DIAGNOSIS PRIMARY SECONDARY M	G Attending Attending Attending Attending VIA DIRECT ATTENDING HX AND PHYSICAL EXAM	Resident w/Attend. Superv. Resident w/Attend. Superv. Resident w/Attend. Superv. MANAGEMENT FOR TOTAL OF	☐ PA w/Attend. Superv	AINUTES MENTAL STATUS PHYSICAL NOTIFICATION ATTENDING RESIDENT CONSULTANT	TIME TIME TIME
PROCEDURES: I. I. PROCEDURE NOTES: CRITICAL CARE PROVIDED LEVEL 5 ACUITY CAVEAT - I DIAGNOSIS PRIMARY N SECONDARY O F	G Attending Attending Attending Attending VIA DIRECT ATTENDING HX AND PHYSICAL EXAL	Resident w/Attend. Superv. Resident w/Attend. Superv. MANAGEMENT FOR TOTAL OF MIMITED BY URGENCY OF CLINIC BAN SOMAIN TO AFTERCARE	PA w/Attend. Superv	ALTENDING RESIDENT	ATTENDING IN VAPPROVAL TIME TIME

MEDICAL RECORDS



	Test	Result	Flag	Reference	
A	RTERIAL BLOOD	作为 · 主持 "是接通路"。 · , · · · · · · · · · · · · · · · · ·	Vi	10	***** E1-
> -	BLOOD PH	7:423	H	7.38-7.42	
	PA CO2	39.5	400	38-42 MM/HG	Silvery Complete
-	PA 02	69	L	78-95 MM/HG	
(02 SATURATION	95.6	When his	94-98 8	Jenny P
-	HCO3	26.1		23-27 M/L	2 1
1	BASE EXCESS	2.2	H	-2-2	
1	PT CONDITIONS	ROOM AIR			
>	FIO2	21.	p ()	21-100 \$	4900
	O-OXIMETRY			14.4	
. 2	TOTAL HGB G/DL			13-18 G/DL	
-	♦ 02 HB	17.0 95.6		94-100 1	
(* CO HB	H TO STATE OF THE PROPERTY OF THE PARTY OF T	anata f	8	
	* CO III	REFERENCE RANGE:	S. 3	14.2	
		SMOKER: > 1.5 - 3.0 + NON-SMOKER: < 1.5 +	170	F	-177
	MET HB	0 1	. L 1	0.5-1.5 %	
-	02 CONTENT VOL	22.6	-	15-23.0 4	
		02 CONTENT = 1.39 X THB (\$02HB/	100)		10 /012

** END OF REPORT **

KARL LANKS, MD

1



Alpha Neurology, P.C.
Allan B. Perel, M.D.
Ludmila Feldman, M.D.
Arun N. Babu, M.D.
Moris Jak Danon, M.D.
27 New Dorp Lane
Staten Island, NY 10306
(718) 667-3800

November 9, 2001

Dr. Kerry Kelly F.D.N.Y. Chief Medical Officer 9 Metro Tech Center Brooklyn, NY 11201

Re: JERMYN, JOHN

Consult: 11/09/01

Dear Dr. Kelly:

John Jermyn is a 45-year-old right-handed man who, on 9/11/01, was at the World Trade Center, working as a firefighter. He was hit with falling debris, injuring his head, neck, right shoulder and lower back. Patient fell to the ground at that time.

Patient complains of severe neck pain radiating into his right greater than left arm and low back pain radiating into both legs. He describes severe numbness in his legs. Patient also had a head trauma. Patient was evaluated at Staten Island University Hospital, a copy of his records will be obtained.

An MRI of the cervical spine was performed, on 10/1/01, demonstrating a moderate right-posterolateral disc herniation. Abnormal focus intramedullary was noted at C3-4.

An MRI of the brain was performed, on 10/17/01, which was unremarkable.

An MRI of the cervical spine with gadolinium was performed demonstrating a 9mm syrinx in the intramedullary central cervical spinal cord at C3/C4.

Continued...

Re: JERMYN, JOHN

bulge at L5-S1 was also noted.

Consult: 11/09/01

Patient had a MRI of the lumbosacral spine, in 10/97, demonstrating a moderate focal left-sided disc herniation at L4-5 with inferior migration. A degenerative disc

Family history: Non-contributory.

Social history: Patient was working on restricted duty as a firefighter before

September 11, 2001. Patient is presently not working.

Page 2

Past history: Remarkable for low back pain secondary to disc pathology.

Medications: Analgesics including Naprosyn and Flexeril.

Physical exam: Vital signs: Stable. Head: Normocephalic. Neck: Mild

paraspinal muscle spasm with decreased range of motion turning his head to the right greater than left side. Patient has decreased range of motion in his right shoulder. Patient has a straight leg raise bilaterally at 60 degrees both supine and sitting with associated lower lumbar paraspinal muscle

spasm.

Neurological exam:

Mental status: Oriented x3. Alert.

Cranial nerves: 2-12: Intact. No Horner sign is noted.

Motor exam: 5-/5 in the upper extremities. Otherwise, 5/5 throughout.

Sensory exam: Decreased pinprick sensation in the bilateral

C5-6 and bilaterally L5-S1 dermatomes.

Reflexes: 2+ throughout symmetrical with downgoing toes.

Cerebellar: Normal.

Gait: Normal.

Continued...

Re:

JERMYN, JOHN

Consult:

11/09/01

Page 3

Impression:

John Jermyn is a 45-year-old right-handed man who is a firefighter and was involved in the World Trade Center disaster on 9/11/01. Patient had debris fall on him. Patient then fell to the ground, injuring his head, neck and lower back in the event. Patient also complains of right shoulder pain. I suggested that he see an orthopaedic surgeon with regard to his right shoulder pathology. Patient has evidence of a cervical radiculopathy. He does have moderate right posterolateral disc herniation at C5-6 and a small syrinx (9 mm.) at C3-4 level.

At present, since he has minimal weakness in the upper extremities, I do not feel any surgical intervention is warranted. I suggested that the patient continue his rehabilitation therapy, which has given him some clinical improvement of his symptoms. If any worsening or change in his symptoms occurs (i.e., bowel, bladder complaints or increase in weakness), I would strongly recommend neurosurgical evaluation.

Patient will follow up in 4-6 weeks. I do not feel that the patient should lift heavy objects or bending excessively.

Thank you for your very kind referral. If you have any questions, please do not hesitate to call me at (718) 667-3800.

Sincerely

Allan B. Perel, M.D.

Diplomate, American Board of Neurology

ABP/kc

Run Date: Case 1:03-md-01570-GBD *** Case 1:03-m IDENTIFICATION

Name : JERMYN, JOHN

Age : 45.18

Title : FF SSN ;

M.D.'s REPORT

BP: 132/86

Wkloc : FCMUSM

Weight: 215 lbs. Height: 72 Inches

SEEN IN CLINIC TODAY WITH DR. FEIRSTEIN, CONDITION REMAINS THE SAME, CONTINUES WITH LOW BACK AND NECK PAIN RADIATING DOWN LEG TO FOOT.

M.O.'s ORDER

CONTINUE WITH PT

Asg. Unit : LAD077

DUTY DETERMINATION Previous Duty Status: FD ML LD DEC. 03 2001 Current Duty Status: FD) ML LD Effective Date JAN. 11 2002 Duty Status After Examination: FD CML ML LD Return Date Limited Duty Restriction Code:

Estimated Return to FD:

1 Week / 2-3 Weeks

John Jerry

1-2 Months (3-12 Months (

Rec. LSS

Diagnosis:

SC NSC UND Code: 1 - 848

BACK STRAIN OR SPRAIN

Doctor: NURSES

Date This Exam:

JAN. 11 2002

Confidential



Bureau of Health Services EXAMINATION REPORT

218 lbs

Name: JERMYN, JOHN

Age:

Unitcode:

Height:

LADDER 77

SSN:

Civil St: FF

Weight:

Work Loc:

FIRE MUSEUM

72 inch

MD's Report:

BACK STRAIN OR SPRAIN

M.O.'s Order: As Directed

Box:

Previous Duty Status: **Current Duty Status:**

FD ML LD CML _ CLD

O FD O ML O LD O CML O CLD

Current Effective Date:

12/03/2001

Next Duty Status:

OFD OML OLD OCML OCLD

Next EffectiveDate: Return Date to BHS: 12/14/2001 01/11/2002

LD Restrict Code: Estd return to FD:

1 Week 2-3 Weeks 1-2 Months

3-12 Months

Rec. LSS

Diagnosis:

O SC

NSC UND Code:

848

BACK STRAIN OR SPRAIN

849

CERVICAL STRAIN

v09

OTHER NEUROLOGY/STRESS

Doctor: FEIRSTEIN, IRA

Date of this Exam:

12/14/2001

1:03-md-01570-GBD-SN Document 8226-4 Filed 07/15/22 Page 269014312002 10:12:05

Bureau of Health Services EXAMINATION REPORT

Name: JERMYN, JOHN

Age: 46 Unitcode:

LADDER 77

SSN:

Civil St: FF

Work Loc:

FIRE MUSEUM

MD's Report:

Weight:

213 lbs Height: 72

inch

SEE MINUTES OF THE MEDICAL BOARD COMMITTEE.

M.O.'s Order:

REC-LSS / LD 05/09/2002. RETURN TO BHS 05/09/2003.

							Box:	
Previous Duty	Status:	● FD ○ N	IL O LD	O CML	O CLD			
Current Duty	Status:	O FD O N	IL . LD	O CML	O CLD	Curren	t Effective Date:	12/03/2001
Next Duty Sta	tus:	O FD O N	AL O LD	O CML	O CLD	Nex	ct EffectiveDate:	05/09/2002
LD Restrict Co	ode:					Retu	ırn Date to BHS:	05/09/2003
Estd return to	FD:	O 1 Wee	k 🔾 2-	3 Weeks	O 1-2	Months	O 3-12 Months	Rec. LSS
Diagnosis :	• sc O	NSC O UND	Code:	1 464		TRACHE	TIS, ACUTE	
				849		CERVICA	L STRAIN	
				848		BACK ST	RAIN OR SPRAIN	

Document 8226-4 Filed 07/15/22 Page 276 312002 01:35:28 Case 1:03-md-01570-GBD-SN

EXAMINATION RE ORT Bureau of Health Services MD-206R(1/97)

ERMYN, JOHN

Age: 46 Unitcode:

LADDER 77

Civil St: FF

Work Loc:

FIRE MUSEUM

eport:

158 /84

BP:

Weight:

220 lbs

Height:

72 inch

CHEITIS, ACUTE, taking combivent with good sx relief. Methocholien challenge test 5/30/02 showed baseline VC of FEV1 3.9 without bronchial reactivity. Sinus CT opacificationof R maxillary sinus and etension to ethmoid air cell. W **ENT** evaulation

M.O.'s Order: As Directed

Box:

Previous Duty Status:

● FD ○ ML ○ LD ○ CML ○ CLD

Current Duty Status:

O FD O ML O LD O CML O CLD

Current Effective Date:

12/03/2001

Next Duty Status:

O FD O ML O LD O CML O CLD

Next EffectiveDate:

06/09/2002

LD Restrict Code:

Return Date to BHS:

08/10/2002

Estd return to FD:

1 Week

2-3 Weeks

1-2 Months

3-12 Months

Rec. LSS

Diagnosis:

SC ONSC OUND

Code:

464

TRACHEITIS, ACUTE

849

CERVICAL STRAIN

848

BACK STRAIN OR SPRAIN

Doctor: WEIDEN, M.

Date of this Exam:

06/08/2002



ACTIVE

P.O. Box 100108 • Staten Island, New York 10310-0108 • (718) 447-4900 • Fax (718) 447-4511

Michael D. Weiden, M.D. 9 Metro Tech Center Brooklyn, NY 11201

RECEIVED JUN 1 0 2002

NAME: JOHN JERMYN

DOB: 1956

FILE # 80122

EXAM DATE: 05/22/2002

PHONE: 718356-1005

REASON FOR EXAM: Congestion, infections.

CT OF THE PARANASAL SINUSES:

Non-contrast CT of the paranasal sinuses was performed utilizing 5 mm. axial and 3 mm. coronal images.

There are hypoplastic frontal sinuses. There is complete opacification of the right maxillary antrum and ostiomeatal complex, with opacification of multiple right anterior ethmoid air cells. The paranasal sinuses are otherwise clear. There is no bony erosion or sclerosis. The nasal turbinates are unremarkable. The nasopharyngeal soft tissues are within normal limits.

IMPRESSION:

- OPACIFICATION OF THE RIGHT MAXILLARY ANTRUM WITH INVOLVEMENT OF THE RIGHT ANTERIOR ETHMOID AIR CELLS AS DESCRIBED.

MICHAEL T. MANTELLO, M.D. DIRECTOR OF NEURORADIOLOGY MM/mk d/05/24/02 t/05/25/02

Electronically Signed - MICHAEL T. MANTELLO, MD



MD-206R(I/97)

Bureau of Health Services EXAMINATION REPORT

Name: JERMYN, JOHN

45 Age:

Unitcode:

LAD077

72

SSN:

Civil St: FF

Work Loc:

PUBLIC SAFTEY EDUCATION

130 /80 BP:

Weight:

218 lbs Height:

inch

MD's Report:

BACK STRAIN OR SPRAIN, Rt knee , Rt shoulder and left lumbar radiculopathy. Incidental finding: bilateral greater saphenous vein incompetence Rt>left to consider surgery

M.O.'s Order: As Directed

Box:

Previous Duty Status:

Current Duty Status:

FD

CML

CML

CLD CLD

CLD

Current Effective Date:

09/26/2001

Next Duty Status:

FD

LD CML

Next EffectiveDate: Return Date to BHS: 10/03/2001

10/10/2001

LD Restrict Code: Estd return to FD:

1 Week 2-3 Weeks 1-2 Months

3-12 Months

Rec. LSS

Diagnosis:

SC NSC

Code: UND

848

BACK STRAIN OR SPRAIN

CERVICAL STRAIN

849 844

KNEE STRAIN OR SPRAIN

John Jenn

Doctor: GIULIANI, EDOAR

Date of this Exam:

10/03/2001



Bureau of Health Services EXAMINATION REPORT

JERMYN, JOHN Name:

Age:

Unitcode:

LAD077

SSN:

Civil St: FF

Work Loc:

PUBLIC SAFTEY EDUCATION

MD's Report:

150 /80

Weight:

220 lbs

Height:

72 inch

BACK STRAIN OR SPRAIN Lim ROM of lumbar spine, cervical spine and pain and tenderness distal hamstring tendons.

M.O.'s Order: As Directed

Box:

Previous Duty Status:

LD CML

CLD

CLD

09/26/2001

Current Duty Status: Next Duty Status:

FD ML LD CML

Current Effective Date: Next EffectiveDate:

09/28/2001

10/03/2001

LD Restrict Code: Estd return to FD:

2-3 Weeks 1-2 Months

Return Date to BHS:

Diagnosis:

SC

UND

1 Week

844

3-12 Months

Rec. LSS

NSC

848

LD CML

849

CERVICAL STRAIN

KNEE STRAIN OR SPRAIN

BACK STRAIN OR SPRAIN

Doctor: FEIRSTEIN, IRA

Date of this Exam:

09/28/2001



Bureau of Health Services EXAMINATION REPORT

Name: JERMYN, JOHN

Age: 45 Unitcode:

LAD077

SSN:

Civil St: FF

Work Loc:

PUBLIC SAFTEY EDUCATION

MD's Report:

BP:

Weight: 215 lbs Height:

72 inch

lower back injury which was reinjured at the disaster last week .pt was placed on meds at this time. pt c/o sciatic like symptoms. meds noted. tylenol3, naprosyn, flexeril.

M.O.'s Order:

pt was advised to take meds and rest and apply heat.

Box:

Previous Duty Status: **Current Duty Status:**

ML

ML

ML

LD CML

CLD CLD

Current Effective Date:

02/16/1999

Next Duty Status:

FD

LD LD

CLD

Next EffectiveDate: Return Date to BHS: 09/20/2001

LD Restrict Code:

Estd return to FD:

1 Week

2-3 Weeks

1-2 Months

3-12 Months

Rec. LSS

Diagnosis:

SC

UND

NSC

Code:

848

CML

CML

BACK STRAIN OR SPRAIN

301

SITUATIONAL PERSONAL STRESS

Doctor: GASALBERTI, R.

Date of this Exam:

09/19/2001